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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *NEW*  
*NONE*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *NEW*  
*NONE*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 4	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Walter White</i> Examiner's Signature	Initials			

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TITLE  
 Cascade impingement cooled airfoil

FILING FEE  RECEIVED 914	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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